

Date: [Date]

To: [Imaging Center Name]

Address: [Imaging Center Address]

City, State, Zip: [City, State, Zip]

RE: Letter of Protection

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

Date of Incident: [Date of Accident/Injury]

Our Case Number: [Law Firm Case ID]

Dear Billing Department,

This office represents the above-named client in a legal claim for personal injuries sustained on the date mentioned above. Our client requires diagnostic imaging services (e.g., MRI, CT Scan, X-Ray) related to these injuries.

This letter shall serve as a Letter of Protection regarding the costs of the diagnostic services provided to our client. We hereby agree to protect your medical bills for services rendered to our client from any settlement, judgment, or verdict received in this matter.

By accepting this Letter of Protection, you agree to look solely to the proceeds of the legal claim for payment and will refrain from pursuing active collections, reporting the debt to credit agencies, or seeking payment directly from the client until the legal matter is resolved.

We request that you provide us with a copy of the final itemized billing statement and the diagnostic reports immediately following the procedure.

Please acknowledge your acceptance of this agreement by signing below and returning a copy to our office via email at [Email Address] or fax at [Fax Number].

Sincerely,

[Attorney Name]

[Law Firm Name]

AGREED AND ACCEPTED:

By: _____
Authorized Representative for [Imaging Center Name]

Date: _____